

City of Riverside
Blue Cross HMO Options
January 1, 2009

	BLUE CROSS <i>Preferred (High) Proposed Renewal Option</i>	BLUE CROSS <i>Standard (Mid) Proposed Renewal Option</i>	BLUE CROSS <i>Value PHH2 (Low) Proposed Renewal Option</i> <i>Power Select Network*</i>
Benefits	HMO Provider	HMO PROVIDER	HMO PROVIDER
Annual Deductible (Individual / Family)	None	None	None
Physician Services			
Office Visits	\$15	\$20	\$20
Prenatal / Postnatal Care	\$15	\$20	\$20
General Lab, X-Ray, and Diagnostic	No Charge	No Charge	No Charge
Preventive Service			
Routine Physical Exams (Schedule Limits May Apply)	\$15	\$20	\$20
Well Baby Care (Schedule Limits May Apply)	\$15	\$20	\$20
Prescription Drugs			\$100 Brand-NF Rx Deductible
Generic / Brand / Non-Formulary	\$10 / \$20 / \$30	\$10 / \$20 / \$30	\$10 / \$25 / \$40
Hospital Services (Prior Authorization)		\$250 Per Admission	\$250 Per Admission
Inpatient, Semi-Private Room	No Charge	No Charge	No Charge
General Lab, X-Ray, and Diagnostic	No Charge	No Charge	No Charge
Outpatient-Surgery	No Charge	No Charge	No Charge
Emergency Services			
Emergency Room (True Emergency)	\$50 (Waived If Admitted)	\$50 Waived If Admitted)	\$50 Waived If Admitted)
Ambulance	No Charge	No Charge	No Charge
Mental and Nervous Services - Severe		\$250 Per Admission	\$250 Per Admission
Inpatient	No Charge	No Charge	No Charge
Outpatient	\$15	\$20	\$20
Substance Abuse Services	<i>Detox Only</i>	<i>Detox Only</i>	<i>Detox Only</i>
Inpatient	\$100 / Day (30 Days Max. Per Year)	\$100 / Day (30 Days Max. Per Year)	\$100 / Day (30 Days Max. Per Year)
Outpatient	\$35/Visit (20 Visits Per Year)	\$35/Visit (20 Visits Per Year)	\$35/Visit (20 Visits Per Year)
Miscellaneous			
Chiropractic	\$10/Visit (30 Visits Per Year)	\$10/Visit (30 Visits Per Year)	Not Covered
Durable Medical Equipment	No Charge (\$10,000 Ann. Max.)	No Charge (\$10,000 Ann. Max.)	No Charge (\$10,000 Ann. Max.)
Out-of-Pocket Maximum			
Individual / 2 Party / Family	\$1,500 / \$3,000 / \$4,500	\$1,500 / \$3,000 / \$4,500	\$1,500 / \$3,000 / \$4,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited

* Please note this plan uses the Power Select Network.

Please visit the Human Resources, Benefits Division's website for more information on this limited network.